

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health ServiceOMB No. 0937-0025  
Expiration: 7/31/2003APPLICATION FOR APPOINTMENT AS A COMMISSIONED OFFICER IN  
THE U.S. PUBLIC HEALTH SERVICE COMMISSIONED CORPS

BEFORE COMPLETING THE APPLICATION, READ ATTACHED INSTRUCTIONS CAREFULLY. GIVE COMPLETE ANSWERS TO ALL ITEMS.

**TYPE OR PRINT IN INK.** If additional space is needed, attach an 8 ½ x 11 inch sheet of paper. Include your name, address, social security number, and the pertinent item numbers on each sheet so used. All material submitted becomes the property of the Federal Government and will not be returned. Part of the information will be used for a suitability/background investigation. **YOU MUST SIGN THIS APPLICATION ON PAGE 5 OR YOUR APPLICATION WILL NOT BE PROCESSED.**

Submit signed original and a clearly readable copy (photocopy acceptable) with **original signature** to: Division of Commissioned Personnel, 5600 Fishers Lane, Room 4-20, Rockville, MD 20857-0001.

<b>1a. FULL NAME</b> (Last, First, Middle) (Maiden, if any) _____ _____ _____	<b>2. SOCIAL SECURITY NUMBER</b> ____-____-____	<b>3a. DATE OF BIRTH</b> (MM/DD/YYYY) ____/____/____
<b>1b. OTHER NAMES USED</b> From: (MM/YYYY) Through: (MM/YYYY) (Continue in Item # 30 if needed) ____/____/____ ____/____/____ ____/____/____	<b>3b. PLACE OF BIRTH</b> (City and State) _____ _____	
<b>4. PROFESSION</b> (e.g., Chemist, Nurse, Physician) _____		

<b>5. CITIZENSHIP</b> (Only United States Citizens may be appointed to the Commissioned Corps of the Public Health Service)  <input type="checkbox"/> NATIVE <input type="checkbox"/> If NATURALIZED (Answer A, B, C, D, E) A. Entered: Month _____ Day _____ Year _____ B. Naturalized: Month _____ Day _____ Year _____ C. Naturalization Number: _____ D. Person to whom number was issued: _____ Place Naturalized: _____ E. Is your name on the certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>6. TYPES OF DUTY(IES) FOR WHICH YOU ARE APPLYING:</b> (Indicate all that are applicable and appropriate, Dates MM/YYYY)  <input type="checkbox"/> General Duty (extended Active Duty) Available for Active Duty: ____/_____  <input type="checkbox"/> Junior COSTEP (Applicant must be a full-time student) <input type="checkbox"/> Senior COSTEP (Applicant must be a full-time student) From: ____/____/____ From: ____/____/____ To: ____/____/____ To: ____/____/____
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<b>7. CURRENT INFORMATION FOR CONTACTING YOU: (YOU MUST NOTIFY THE DIVISION OF COMMISSIONED PERSONNEL (DCP) IMMEDIATELY OF ANY CHANGES)</b> Mail: Contact Name: _____ Street: _____ City: _____ State: ____ ZIP: _____ + _____ Telephone (Include Area Code): Current: (____) _____-_____ Business: (____) _____-_____ FAX: (____) _____-_____ E-Mail: _____	<b>8. "PERMANENT" INFORMATION FOR CONTACTING YOU:</b> Mail: Contact Name: _____ Street: _____ City: _____ State: ____ ZIP: _____ + _____ Telephone (Include Area Code): Current: (____) _____-_____ Business: (____) _____-_____ FAX: (____) _____-_____ Any additional information should be listed in Item #30.
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**9. BASIC EDUCATION AND PROFESSIONAL TRAINING** (Include below, all degrees you have earned or training you will have completed by the time you are available for appointment. Official transcripts to include final or latest grading period for all college, graduate, and professional training **MUST BE SUBMITTED BEFORE YOU CAN BE APPOINTED.**)

COLLEGE, UNIVERSITY, OR OTHER INSTITUTION (Include City, State, and ZIP)	DATES ATTENDED FROM TO (MM/DD/YYYY) (MM/DD/YYYY)	TOTAL HOURS CREDIT (Specify) Qtr. or Sem.	MAJOR	DEGREE	OFFICIAL NUMBER YEARS IN PROGRAM	DEGREE REQUIREMENTS FULFILLED (MM/YYYY)	DEGREE CON- FERRED OR WILL BE CONFERRED (MM/YYYY)

**INTERNSHIP OR RESIDENCY COMPLETED (MUST PROVIDE CERTIFICATE), CURRENTLY SERVING, OR SCHEDULED TO COMMENCE**

HOSPITAL OR INSTITUTION (Include City, State, and ZIP)	FROM (MM/YYYY)	TO (MM/YYYY)	SPECIFY TYPE AND SPECIALTY (if applicable) (e.g. Rotating, Mixed, or Straight, Categorical, Surgery, Family Practice)

**10. UNIFORMED SERVICE:** List below in chronological order all service you have had in the ARMY, NAVY, AIR FORCE, MARINE CORPS, COAST GUARD, COMMISSIONED CORPS OF THE NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION, and COMMISSIONED CORPS OF THE U.S. PUBLIC HEALTH SERVICE (PHS). Include any present Uniformed Services affiliations: PHS, Reserve Unit, ROTC commitment, etc. **Except for PHS affiliation, you will soon be asked to initiate a request for inter-service transfer, conditional release, or to provide proof of discharge, as may be applicable to your situation. No immediate action is required.**

SERVICE COMPONENT	REGULAR OR RESERVE	HIGHEST RANK HELD	DUTY		ACTIVE OR INACTIVE DUTY	TOTAL ACTIVE NON-PUBLIC HEALTH SERVICE TIME (In years and months)
			FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)		

**11. Were you ever rejected for duty in any branch of a Uniformed Service?**

☐ Yes ☐ No If "Yes," state when and where rejected and cause: \_\_\_\_\_

**12. DEPENDENTS INFORMATION** (Full name of spouse and full name(s) and date(s) of birth of child(ren) and/or other dependent(s)): *(Continue in Item #30 if needed)*

(Name)	(Relationship)	(Date of Birth: MM/DD/YYYY)
	<b>SPOUSE</b>	/   /
		/   /
		/   /

**Indicate Answers by Placing an "X" in the Appropriate Column.**

	YES	NO
<b>13.</b> Have you ever received a Federal Government scholarship? If Yes, check appropriately: <input type="checkbox"/> Indian Health Service <input type="checkbox"/> National Health Service Corps Length of Service obligation: _____ <input type="checkbox"/> Other Describe: _____ Years		
<b>14.</b> Have you ever been convicted, forfeited collateral, or are you now under charges for any felony or for any firearms or explosives violations? (A felony is defined as any offense punishable by imprisonment for a term exceeding one year but does not include any offense classified as a misdemeanor under the laws of a State and punishable by a term of imprisonment of two years or less.)		
<b>15.</b> During the past seven years, have you been convicted, imprisoned, on probation or parole or forfeited collateral, or are you now under charges for any offense against the law not included in item 14 above? (When answering items 14 and 15, you may omit: (a) traffic fines for which you paid a fine of \$150.00 or less, (b) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law, (c) any conviction the record of which has been expunged under Federal or State law, and (d) any conviction set aside under the Federal Youth Corrections Act or similar State authority.)		
<b>16.</b> Are you delinquent on the repayment of any Federal debt(s)? If your answer is "Yes," please provide an explanation in item 30. (Examples of Federal debt include delinquent taxes, audit disallowances, guaranteed or direct student loans, FHA loans, and other miscellaneous administrative debts. The definition of delinquency for the purposes of direct and guaranteed loans are any loan(s) more than 31 days past due on a scheduled payment. Deferred loans are not considered delinquent.)		
<b>17.</b> Are you a conscientious objector to military service? (If "No," go to question 19.)		
<b>18.</b> If you are a conscientious objector, are you willing to serve in a noncombatant position? <b>(NOTE:</b> By Executive Order, the PHS Commissioned Corps may be militarized during times of national emergency and does have officers serving in support roles at all times. If in this item (18) you state an objection, you will be precluded from appointment in the Commissioned Corps of the Public Health Service.)		
<b>19.</b> If you served in the military service, were you ever convicted by a general court martial or have you ever received less than an honorable discharge?		
<b>20.</b> Have you ever been charged with, or are currently facing charges, of a violation of any State law pertaining to habit-forming drugs, narcotics, or intoxicating liquor? <b>(NOTE:</b> If your answer to items 14, 15, 16, 19, or 20 is "Yes," give details in item 30. Show for each offense: (a) date, (b) charge, (c) place, (d) court, and (e) action taken.)		

**21. REFERENCES:** List the names of four individuals, including your most recent employer, with whom you have had professional affiliation or training at some time during the past seven years. Include, where applicable, Dean of College; Dean of Graduate or Professional school; Director of Intern Training Program; Director of Graduate, Post-Graduate, Residency, or Specialty training; chairperson of departments in which graduate or professional work was taken; or employment supervisors.

FULL NAME	PROFESSIONAL RELATIONSHIP TO APPLICANT	BUSINESS ADDRESS (Organization and Street, City, State, ZIP, Telephone)
1) _____	_____	_____ _____ _____ ( ) _____ - _____
2) _____	_____	_____ _____ _____ ( ) _____ - _____
3) _____	_____	_____ _____ _____ ( ) _____ - _____
4) _____	_____	_____ _____ _____ ( ) _____ - _____



**27. EMPLOYMENT HISTORY (Continued)**

DATES EMPLOYED (MM/YYYY) From: ____/____/____ To: ____/____/____		EMPLOYER / VERIFIER NAME / MILITARY DUTY LOCATION		YOUR POSITION TITLE / MILITARY RANK	
EMPLOYER 'S / VERIFIER'S STREET ADDRESS		CITY (Country)	STATE	ZIP (+4) ____ + ____	TELEPHONE NUMBER ( )
STREET ADDRESS OF JOB LOCATION		CITY (Country)	STATE	ZIP (+4) ____ + ____	TELEPHONE NUMBER ( )
SUPERVISOR'S NAME & STREET ADDRESS (If different than Job Location)		CITY (Country)	STATE	ZIP (+4) ____ + ____	TELEPHONE NUMBER ( )
AVERAGE NUMBER OF HOURS PER WEEK		KIND OF BUSINESS OR ORGANIZATION (e.g., education, health, social services, etc.)			

REASON FOR LEAVING OR WISHING TO LEAVE

DESCRIPTION OF WORK (Describe your specific duties, responsibilities, and accomplishments in this job.)


DATES EMPLOYED (MM/YYYY) From: ____/____/____ To: ____/____/____		EMPLOYER / VERIFIER NAME / MILITARY DUTY LOCATION		YOUR POSITION TITLE / MILITARY RANK	
EMPLOYER 'S / VERIFIER'S STREET ADDRESS		CITY (Country)	STATE	ZIP (+4) ____ + ____	TELEPHONE NUMBER ( )
STREET ADDRESS OF JOB LOCATION		CITY (Country)	STATE	ZIP (+4) ____ + ____	TELEPHONE NUMBER ( )
SUPERVISOR'S NAME & STREET ADDRESS (If different than Job Location)		CITY (Country)	STATE	ZIP (+4) ____ + ____	TELEPHONE NUMBER ( )
AVERAGE NUMBER OF HOURS PER WEEK		KIND OF BUSINESS OR ORGANIZATION (e.g., education, health, social services, etc.)			

REASON FOR LEAVING OR WISHING TO LEAVE

DESCRIPTION OF WORK (Describe your specific duties, responsibilities, and accomplishments in this job.)


28. ADDITIONAL SKILLS AND QUALIFICATIONS

**FOREIGN LANGUAGE:** Do you have adequate competency to use any language(s) in performance of duty? ☐ YES ☐ NO, If "Yes," specify language and proficiency level. **1** = Elementary Proficiency, **2** = General Professional Proficiency, **3** = Functionally Native Proficiency

Language	Proficiency	Language	Proficiency

**HONORS AND AWARDS** (Acquired by academic or non-academic experience.)

**NONDEGREE RELATED TRAINING** (e.g., computer skills, public speaking, leadership recognition, American Council of Learned Societies (ACLS) fellowship program, Basic Life Support (BLS), CardioPulmonary Resuscitation (CPR), Emergency Medical Services, etc.)

**LIST CURRENT OR FORMER MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS** (Also indicate office(s) held and committee membership(s).)

29. TYPES OF ASSIGNMENTS IN WHICH YOU ARE INTERESTED

Officers are required to serve in any area or climate or wherever the needs of the Public Health Service Commissioned Corps may require.  
Do you have a preference for assignment to a particular program? ☐ YES ☐ NO If "Yes," which program? (e.g., Indian Health Service, Federal Bureau of Prisons, etc.)

**GEOGRAPHIC AREAS IN WHICH YOU PREFER TO SERVE** (e.g., Southwest U.S., Northeast U.S., name of State)

30. SPACE FOR DETAILED ANSWERS

(Indicate item numbers to which the answers apply. If more space is required, attach an 8 ½ x 11 inch sheet of paper. Write your name, present mailing address, and Social Security Number on each sheet.)

**ATTENTION - THIS STATEMENT MUST BE SIGNED BY ALL APPLICANTS**  
**Read the following paragraphs carefully before signing this Statement.**

A false answer to any question in this Statement may be grounds for not appointing you, or for dismissing you after appointment, and may be punishable by fine or imprisonment (U.S.Code, Title, 18, Section 1001). All the information you give will be considered in reviewing your application.

**AUTHORITY FOR RELEASE OF INFORMATION**

I have completed this Statement with the knowledge and understanding that any or all items contained herein may be subject to investigation prescribed by law or Presidential directive and I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies, to duly accredited investigators, Personnel Staffing Specialists, and other authorized employees of the Federal Government for that purpose. I hereby release from liability all representatives of the Federal Government for their acts performed in good faith and without malice in connection with evaluating my credentials and qualifications, and I hereby release from any liability any and all individuals and organizations who provide information to these representatives in good faith and without malice concerning my professional competence, ethics, character, and other qualifications for appointment in the Commissioned Corps of the United States Public Health Service.

**CERTIFICATION**

I certify that all of the statements made by me are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I am willing to serve in any area or climate or wherever the needs of the Public Health Service Commissioned Corps may require.

PRINT OR TYPE NAME AND SIGN IN INK	DATE
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